LOM01 – Procedures for the Examination of Evidence

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1. Background

1.1. To establish the procedures for documenting the examination of evidence to conform to the requirements of the Department of Forensic Sciences (DFS) *Forensic Science Laboratory (FSL) Quality Assurance Manual*, the accreditation standards under ISO/IEC 17025:2005, and any applicable supplemental standards.

2. Definitions

2.1. For the purposes of this document, the following terms shall have the designated meanings:

DFS: Department of Forensic Sciences **DOM:** Departmental Operations Manual **FSL:** Forensic Science Laboratory **LOM:** Laboratory Operations Manual

SOP: Standard Operating Procedure

LIMS: Laboratory Information Management System

3. Scope

3.1. These procedures apply to the FSL personnel who are involved in the examination of evidence.

4. Responsibilities

4.1. An **Analyst** will:

4.1.1. Ensure the appropriate examinations, as designated by the Unit Manager or designee, are conducted.

4.1.2. When necessary, communicate with the other analysts, Unit Manager or designee to determine if additional examinations need to be performed.

4.1.3. Ensure the report and bench notes are accurate and inclusive of all pertinent information to support a conclusion. This can be achieved by recording observations and/or data collected from evidence during examinations.

4.1.4. Record information to ensure that sufficient information is available to the reviewer to conduct a thorough technical review of the case. E.g. Visual weight of item in photographs or record the overall condition of evidence as received by digital copy, scanning, diagram or sketch.

4.1.5. Ensure the supporting documentation is accounted for in its totality and properly labeled.

4.1.6. Initial and date examination documentation.

4.1.7. Prepare a *Report of Examination* as to the results of the examinations.

4.1.8. Ensure the integrity of the evidence is maintained.

4.2. The **Unit Manager** or designee will:

4.2.1. Review contributor's requests upon receipt of the case information, which includes the case submission information, chain of custody, and list of evidence.

4.2.2. Ensure the case submission information contains necessary information, including customer contact information, list of evidence items submitted, and case details (as necessary).

4.2.3. Initiate contact with the customer to fill any voids in the submitted information.

4.2.4. Ensure the laboratory has the capabilities and resources to meet the requirements and requests of the customer.

4.2.5. Confer with the customer if the requested examinations differ from the laboratory's capabilities and resolve the discrepancy.

4.2.6. Assign cases to analysts and designate the appropriate examinations. The information will be provided to the analysts through a *Schedule of Analysis*, as needed.

4.2.7. Obtain approval from the FSL Director before performing work as an analyst/technician.

5. Procedures

5.1. Examination Process

5.1.1. The analyst assigned to the case will conduct the appropriate examinations, as designated by the Request Form, *Schedule of Analysis* or standard workflow process/procedure, and will follow the applicable SOPs. If an analyst identifies an additional examination(s) that may be probative, the analyst will notify the Unit Manager, or designee. Any significant deviations from the contributor's request will be communicated to the Unit Manager or designee. This will be documented in the *LIMS Case Activities* and the *Schedule of Analysis* will be updated (if applicable) to reflect the change.

5.1.2. Any new methods or procedures applied to the examination of evidence will be validated according to the *DOM04 – Procedures for Validating Technical Procedures.*

5.1.3. FSL practices, policies and procedures will be followed to preserve the integrity of the evidence. Analysts are responsible for maintaining effective separation between incompatible activities to prevent cross-contamination.

5.1.4. Upon completion of the examinations, results will be communicated in a *Report of Examination* according to the *LOM02 – Procedures for Case Documentation and Report Writing.*

5.2. Re-Examination Process

5.2.1. When a request is received for a re-examination the Unit manager or designee shall conduct a review of the case. The case evidence shall be reviewed to determine if sufficient evidence is available for a re-examination. Evidence that was consumed during the original examination shall be documented, if applicable.

5.2.2. Any limitation/ restriction of a re-examination due to the scope of the re-examination request, lack of evidence or availability of evidence shall be communicated to the customer or stakeholder prior to commencing casework.

5.2.3. The FSL Director or designee shall be notified of any re-examinations prior to commencing casework.

5.2.4. The case shall be assigned within the relevant Unit for an examination

following the respective Unit's authorized standard operating procedures and processes.

5.2.5. For labeling and initialing re-examined evidence refer to section *5.6 Initialing and Labeling Evidence in LOM01.*

5.2.6. Prior to the distribution the Unit manager or designee shall inform any differences between the original and re-examination reports to the DFS Directorate.

5.3. Discontinuing/Cancellation of Examinations

5.3.1. If an analyst is instructed to discontinue examinations after they have been initiated, the affected analyst will determine the appropriate stopping point in the testing process. All results will be furnished to the contributor in a *Report of Examination* prepared by the analyst.

5.3.2. If examinations have not commenced on additional items that were submitted prior to the cancellation request, the additional items of evidence will not be examined. All results will be furnished to the contributor in a *Report of Examination* or *Discontinuation of Analysis* prepared by the analyst.

5.3.3. If no examinations have been initiated, all cancellation instructions and the name of the person who requested the cancellation will be documented on the Activity Communication Log, the electronic LIMS request or LIMS Case Activities.

5.4. Subdividing Evidence

5.4.1. There may be times during the examination process that an item of evidence needs to be subdivided. Subdividing an item occurs when a designated item subsequently needs to be uniquely identified. An analyst may subdivide an item as necessary.

5.4.2. When an evidence item is subdivided, the analyst will use the LIMS format for subitems to be uniquely identified:

5.4.2.1. Item number, decimal point, new sequential number.

5.4.2.1.1. Example: for an evidence item identified as item 1, the child item number is item 1.1

5.4.3. If the subdivided evidence item(s) require a significantly different analytical/testing method from the original evidence item, then the *Schedule of Analysis* will need to be updated to reflect the subdivided evidence item and new analysis, if applicable.

5.4.4. If an analyst needs to identify different components of one item and subdividing is not appropriate, the analyst may identify those components as necessary.

5.5. Secondary Evidence

5.5.1. Refer to the Division-specific/Unit-specific Operations Manuals and SOPs to determine how to handle secondary evidence.

5.6. Initialing and Labeling Evidence

5.6.1. Each item, where practicable, will be labeled with the item identifier.

5.6.2. Persons directly examining and/or processing an item of evidence will place their initials and the current date directly on the evidence, where practicable, or its proximal container.

5.7. Case File Documentation

5.7.1. All case-related work will be documented at the time of testing and retained in the case file. Refer to *LOM02 – Procedures for Case Documentation and Report Writing* for specifics.

5.7.2. In the event a request for examination is canceled, all case-related documentation completed up to that point will be retained in the case file.

5.7.3. Handwritten administrative and examination documents will be prepared in ink, not pencil. Computer generated notes are acceptable.

5.7.4. Examination documentation will be generated in accordance with the accepted policies and procedures of the laboratory. Examination notes will include observations, data and calculations as applicable to the item being examined. These notes will be identifiable to the specific examination performed.

5.7.5. Abbreviations and notations are acceptable if they are readily comprehensible to a technical or administrative reviewer and clearly documented. A list of abbreviations will be maintained in the FSL Quality Assurance Manual: Appendix A.

5.7.6. The case number for which data was generated shall be appropriately recorded when data from multiple cases is recorded on a single printout.

5.7.7. Every effort will be made to avoid having information printed on the back of documents in the case file. However, when information is recorded on the front and back of an examination document, each side will be numbered as an individual page and initialed and labeled with the case number (and date if technical documentation).

5.7.8. When standards and controls are specified in a procedure, the examination documentation will reflect the unique identifier(s).

5.7.9. The LOM02 – Procedures for Case Documentation and Report Writing defines administrative and examination documentation.

5.7.10. Casework documentation will be filed according to the LOM02 - Procedures for Case Documentation and Report Writing.

5.8. Evidence Storage

5.8.1. It is the responsibility of the analyst who has custody of the evidence to ensure the integrity of each item is maintained by protecting it from loss, cross-transfer, contamination, or deleterious change.

5.8.2. Evidence will be properly sealed in a container and labeled with at least the case/item number(s) prior to storage.

5.8.3. Evidence not being examined will be stored in a secured, controlled access area.

5.9. Applying a Proper Seal

5.9.1. A proper seal prevents loss, cross-transfer, or contamination while ensuring attempted entry into the container is detectable. A proper seal may include a heat seal, tamper evident tape seal, or a lock with, at a minimum, the date the seal was applied and the initials of the person creating the seal written so both are spanning the seal and the container. See Figure 1.

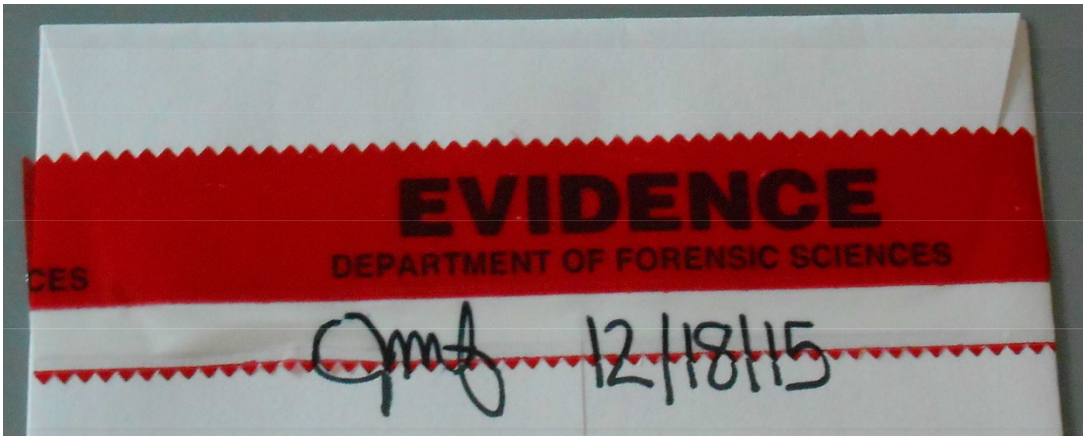
5.9.2. Prior to repacking and resealing evidence an assessment has to be made to determine whether or not the original packaging/container is reusable. Labels, seals, initials and dates must be taken into consideration and should not be covered during repacking or resealing process. *If item packaging (such as with boxed items) prohibits the covering of previously identified labels, seals, initials and dates, the scientist must defer to instructions in unit specific protocols.*

5.9.3. If no space is available on the original container, the evidence must be repacked into a new container and labeled sealed, initials and date the seal applied.

5.9.3.1. There is an exception to the above for Forensic Biology Unit evidence. If a package cannot be accessed without damaging a previous seal (such as a sexual assault kit, swab box or cardboard box) then the item notes must clearly state which seal has been cut through to access said evidence for testing. Any

subsequent repackaging or resealing must be such that previous markings on the seal are still visible.

Figure 1



5.9.4. If more than one piece of tape is used to create a proper seal, each piece used will, at a minimum, be initialed and dated.

5.10. During an Active Examination

5.10.1. See the *DOM10 – Evidence Handling Procedures* and Unit-specific SOPs for information regarding handling of the evidence during active examinations.

6. Documentation

6.1. Refer to LOM01 and Unit Specific SOPs for documentation requirements.

7. References

7.1. ISO/IEC 17025:2005 – General Requirements for the Competence of Testing and Calibration Laboratories, International Organization for Standardization, Geneva, Switzerland.

7.2. ANAB Supplemental Requirements for Forensic Testing, ANSI-ASQ National Accreditation Board, Milwaukee, WI, (current revision).

7.3. Quality Assurance Standards for Forensic DNA Testing Laboratories, Federal Bureau of Investigation, (current revision).

7.4. DOM04 – Procedures for Validating Technical Procedures, (current revision).

7.5. DOM10 – Procedures for Handling Evidence and Clinical Specimens, (current

revision).

7.6. LOM02 – Procedures for Case Documentation and Report Writing, (current revision).

7.7. Forensic Science Laboratory Quality Assurance Manual, (current revision).

7.8. Unit Standard Operating Manuals, (current revisions).